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CONFIRMATION NO. 8446

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 10/667,164 | FILING DATE 09/17/2003 RULE | CLASS 433 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. 4285.17865-PROV FOR |
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APPLICANTS

Gary J. Pond, Racine, WI;

** CONTINUING DATA *****
 This appln claims benefit of 60/411,297. 09/17/2002
8c

** FOREIGN APPLICATIONS *****
NOTE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/12/2003

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|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY WI | SHEETS DRAWING 3 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 1 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials

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 26308
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TITLE
 Handheld device for applying dental materials

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 440 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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